	Regulation & Licensin	125, Frank Living Living Control of the Control of	1	Market Committee Com		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:  B. WING		(X3) DATE SURVEY COMPLETED 03/19/2015	
		HCA-0027				
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY,	, STATE, ZIP CODE		
PREMIE	R HEALTH SERVICES	· AML.	ORGIA AVE	NUE, NW, SUITE 323 APR = 3	2015	,
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	D BE COMPLETE	
H 391	2015 through March compliance with Titl (Home Care Agency provid hundred and twenty employed two hundrindings of the surve observations, record patients and staff.  Piease Note: Listed in this report.  Personal Care Alde Plan of Care - POC Registered Nurse R  3915.7 HOME HEAL AIDE SERVICE  Each home health o supervised by a regi professional for perf profession. On-site shall take place at leweeks. On-site super shall take place at leweeks.	as conducted from March 17, in 19, 2015, to determine e 22 DCMR, Chapter 39 les Regulations). The Home ed home care services to one eight (128) patients and red (200) employees. The ey were based on direviews and interviews with below are abbreviations used - PCA  N  TH & PERSONAL CARE  If personal care aide shall be stered nurse or other health orming tasks specific to that supervision of skilled services east once every two (2) ervision of all other services ast once every sixty-two (62)	H 000	Agency Accepts this tag with the forplan of corrections.  All current RN's shall receive In-Set training on this deficiency report and in-service the RN will be re-educate standards/ requirements for a superviourse.  For the month of April 2015, Agency requested from each RN a schedule his/her supervisory visits for each classification and the first 24 day month. To ensure compliance, a we reconciliation will be performed by the clinical manager to verify that all set visits were completed for the previous Any visits that were not completed a scheduled, will be rescheduled for the days of the month. Agency's Clinical Manager will remind the RN of the rescheduled visit(s) and verify each whose the completed.  As of May 2015 all supervisory RN will be pre-scheduled in the clinical shased on the schedule submitted by the for the month of April. At the beging the month, a visit schedule will be prend given to each nurse, so that each has a hard copy of the visits they are to make. To ensure compliance, a we reconciliation will be performed by the clinical manager to verify that all sch visit were completed for the previous	rvice d at this d on the isory  y for all ient. load all s of the ekly he neduled us week, s e last 6 ul visit has  visits system he nurse ning of inted nurse required ekly ne eduled	4/30/15
	(10) patients in the sample. (Patient #7)  The finding includes:				:	
eith Regula	tion & Licensing Administ	ration	7			VG) IVATE

VES SIGNATURE (X6) DATE

Admin Stretor 4/3/1

OF VS11

From the continuation should

STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		ng Administration (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	(X3) DATE SURVEY COMPLETED 03/19/2015		
		HCA-0027	B. WING			
REMIE	PROVIDER OR SUPPLIER  R HEALTH SERVICES	S, INC 7600 GEO WASHING	ORGIA AVEN		ON	(V5)
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLE DATE
Н 391	review of Patient #7 with the certification through June 28, 20 the skilled nurse wa 30 to 62 days. Furth to evidence that the PCA after December Interview with the A March 18, 2015, at skilled nurse did no January and Februa revealed that the ag	is, beginning at 3:03 p.m., r's record revealed a POC in period of December 31, 2015 015. The POC revealed that it is to supervise the PCA every iner review of the record failed a skilled nurse supervised the	Н 391	Any visits that were not completed scheduled, will be rescheduled for the days of the month. Agency's Clinical Manager will remind the nurse of the rescheduled visit and verify each visit been completed.  If for any reason, the responsible Riunable to perform a supervisory visit the 62 days, Agency's Clinical Mana DON will conduct the supervisory visit conduct the supervisory visit schedule will be accurate.	he last 6 al he sit has  N is tt within ager or isit.  Dad (i.e he in the henouth the	

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